

In brief

Conjoined twins die in surgery:

Attempts by doctors in Singapore to separate Iranian conjoined twins failed this week when both women, aged 29, died during a marathon operation to separate them. Ladan Bijani was the first to succumb, shortly after surgeons separated her head from that of her sister, Laleh, who died an hour and a half later.

Hospital offers patients red wine:

Cardiac patients at the Great Western Hospital in Swindon are being given two glasses of red wine a day in an attempt to cut the risk of heart attack and stroke. The cost is borne by the hospital's charity.

US doctors win victory on working hours:

New regulations have taken effect across the US limiting the working hours of resident physicians (junior doctors) to an average of 80 hours a week and shifts to 24 consecutive hours. The rules, formulated by the Accreditation Council for Graduate Medical Education, also call for at least 10 hours off between shifts and one day off a week.

UK health secretary meets BMA consultants:

Formal talks took place this week between health secretary John Reid and representatives of the BMA, over the consultant contract. Mr Reid said he would see whether "adjustments" could be made to reconcile differences. Consultants in England and Wales rejected the contract last November (*BMJ* 2002;325:1053), since when they have voted for industrial action if it cannot be renegotiated.

Methadone use could be linked to deaths:

An increase in the use of methadone as a prescribed painkiller may be responsible for an increase in deaths from the drug in North Carolina. Unintentional deaths attributed to an overdose of methadone increased fivefold from 1997 to 2001, but only 4% of people who died were taking part in a rehabilitation programme at the time. Methadone's effects as a painkiller wear off after 12 hours, although the drug lingers in the body for many hours more, making it easy to overdose (*JAMA* 2003;290:40).

Stem cell transplants are not helpful in breast cancer, studies say

Janice Hopkins Tanne *New York*

Two large studies published in the *New England Journal of Medicine* say that women who are at high risk of recurrence of breast cancer rarely benefit from high dose chemotherapy followed by transplantations of their own stem cells. An accompanying editorial reviewed the differences between the studies, one of which, from the Netherlands Cancer Institute, found a slight benefit for some women.

The experimental regimen of high dose chemotherapy and stem cell rescue became controversial when many women and doctors demanded the treatment before randomised trials had been conducted (*BMJ* 2002;324:1088-92).

The Dutch study, which was begun in 1993, included 885 patients aged less than 56 years

who had had surgery for breast cancer and who had no sign of distant metastases (*New England Journal of Medicine* 2003;349:7-16).

Patients randomised to conventional treatment were given fluorouracil, epirubicin, and cyclophosphamide every three weeks, followed by radiotherapy and treatment with tamoxifen, for five cycles of treatment. Patients in the high dose treatment group received the same treatment regimen for the first four cycles, but the fifth treatment comprised high doses of cyclophosphamide, thiotepa, and carboplatin followed by transplantation of the patients' own peripheral blood haematopoietic stem cells.

Five women died in the high dose treatment group: one during treatment and four within

100 days after stem cell transplantation.

The other study, which was begun in 1991 and was coordinated by the Division of Haematology-Oncology at Northwestern University School of Medicine, Chicago, involved 540 women who had breast cancer and at least 10 positive axillary nodes. They were treated either with six cycles of chemotherapy with cyclophosphamide, doxorubicin, and fluorouracil or with the same chemotherapy followed by a cycle of high dose chemotherapy with cyclophosphamide and thiotepa and autologous haematopoietic stem cell transplantation.

Nine women died in the high dose treatment group. The researchers found that adding stem cell transplantation to conventional chemotherapy did not improve disease free survival or overall survival, but the time to recurrence was longer in women who underwent stem cell transplantation. □

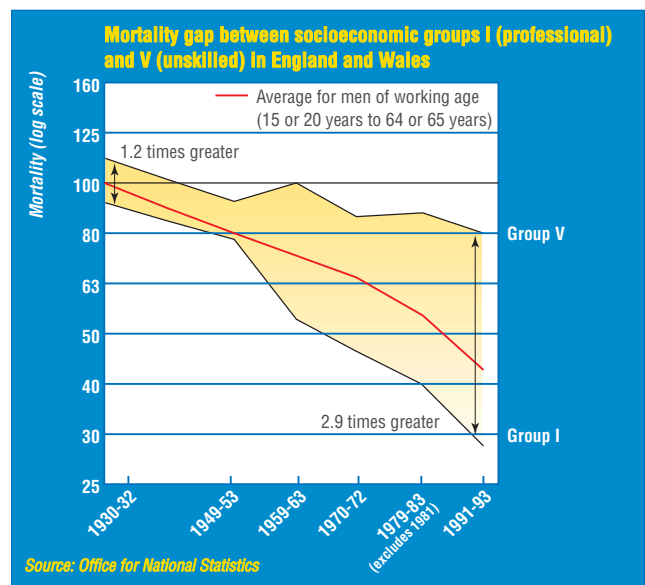
Gap between classes in life expectancy is widening

Zosia Kmietowicz *London*

Healthcare providers, local authorities, schools, employers, and the voluntary sector need to work together more closely to narrow the gap in health differences between different parts of the country and between different social groups, the health secretary said last week.

Despite some improvements, the health gap between the top and bottom classes of the social scale remains large and is getting wider in some areas. Between 1930 and 1990 the gap between mortality among professional men and that among men in unskilled manual jobs increased almost two and half times. The difference can mean an extra 10 or more years for wealthier people.

In his document the health secretary, John Reid, sets out a three year plan to cut inequalities in health. He also spells out the actions that are needed to achieve the 2010 targets of



reducing infant mortality by 10% across social groups and raising by 10% life expectancy in the most disadvantaged areas of the country, compared with the population as a whole.

"For too long we have been prepared to tolerate glaring differences in health between different parts of our country and different groups within it. Why should we accept that a man born in Manchester can expect to live, on average, ten years less

than one born in Dorset and that a woman in Manchester is likely to live seven years less than a woman born in Somerset? And why should we accept that manual workers and some ethnic minorities appear condemned to suffer worse health?" □

Copies of *Tackling Health Inequalities: A Programme for Action* can be obtained from Department of Health Publications, or doh@prolog.uk.com